

TOWN OF AMHERST

FEE: \$100

SPECIAL WINE AND MALT LICENSE APPLICATION

To the Licensing Authorities	Date:
The undersigned hereby applies for a Special Windrelating thereto:	e and Malt License in accordance with the provisions of the Statutes
NAME:	
COMPANY:	
ADDRESS:	
DAY(S) APPLIED FOR:	
•	
HOURS OF OPERATION:	
TYPE OF EVENT:	
advertising is to take place in any public school. 4. Special Licensees must purchase alcoholic b LIABILITY DISCLAIMER By exercising the privileges of this license exposed to significant liability for injuries and dam persons served. Your acceptance and exercise of the this potential liability. You are encouraged to discutthe precautions appropriate to avoid injuries, damage and the Select Board as Local Licensing Authority, select from the exercise of the license.	
ApprovedChief of Police	/
Date Select Board Approved/Denied:	License #:
Remark:	

Special Alcohol Licenses

A Special Alcohol License is required if a drink is prepared by one person and delivered to another, in anything other than "a private dwelling house, or in or from a private dwelling house if any part thereof or its dependencies is used as an inn, eating house or shop of any kind, or other place of common resort,"

Chapter 138, §41 indicates that the delivery of an alcoholic beverage to a person (outside of a home or other named locations) "shall be prima facie evidence that such delivery is a sale."

If a drink is "delivered" but with no charge for the drink, dinner, ticket or admittance fee, organization dues, etc., then there is no sale, and therefore, no special license is required. If a particular organization were not charging a fee for a particular dinner or other event where alcohol was to be served, but the expense to put on such event(s) for the organization were to be covered by annual dues from payments of the members, then alcoholic beverages would be considered as "sold" and a special license required.

Licenses are issued to a named individual, who functions as the "manager" for the event, not the sponsoring organization. That individual must fill out the attached application and submit to the Select Board Office. The application is then forwarded to the Chief of Police for review and recommendation. Following receipt of the Police Chief's recommendation, the request for a Special License is scheduled for the next available Select Board Meeting. The Select Board generally meets twice monthly; it is suggested applicants allow three weeks for processing of application.

Special Licensees must purchase alcoholic beverages from a licensed supplier. Special licensees CANNOT purchase alcoholic beverages from a package store and CANNOT accept donations of alcoholic beverages from anyone. Authorized sources of alcohol for Special Licenses are available on the ABCC website: http://www.mass.gov/abcc/pdf/authorizedsources1-day.pdf

There are two kinds of Special Alcohol Licenses:

- All Alcoholic Beverages: Special license for the sale of all alcoholic beverages issued by the Select Board to a person acting on behalf of a nonprofit organization.
- Wine and Malt Beverages: Special license for the sale of wine and/or malt beverages issued by The Select Board to a person conducting an activity or enterprise for profit.

"No special license, other than a special license for a dining hall maintained by an incorporated educational institution authorized to grant degrees, shall permit sales on more than 30 days, nor may any person be granted special licenses permitting sales on an aggregate of more than 30 days in any calendar year."



AMHERST Massachusetts

Town Hall - 4 Boltwood Avenue - Amherst, MA 01002

License Attestation Form

License Year;		
LICENSE #:		
LICENSEE:		
Name		
Address		
D/B/A;		
ID#		
MANAGER:		
	under the penalties of perjury that, to the best of my with all laws of the Commonwealth relating to taxes, d withholding and remitting child support".	
Signature of Applicant or Corporate Name	By: Corporate Officer (Mandatory, if applicable)	
Federal Identification Number (Required)	Telephone #	
Social Security Number (Voluntary)	Email	

- This license will not be issued or renewed unless this certification clause is signed by the
 applicant.
- This number will be furnished to the Massachusetts Department of Revenue to determine whether
 you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing
 or delinquency will be subject to license suspension or revocation. This request is made under the
 authority of Massachusetts General Laws, Chapter 62C, Section 49A.

Print Form



The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations 1 Congress Street, Suite 100 Boston, MA 02114-2017

www.mass.gov/dia
Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information	Please Print Legibly
Business/Organization Name:	
Address:	
City/State/Zip:	Phone #:
Are you an employer? Check the appropriate box: 1.	11. Health Care 12. Other neir workers' compensation policy information.
organization should check box #1. I am an employer that is providing workers' compensation insu	rance for my employees. Below is the policy information.
Insurance Company Name:	
nsurer's Address:	
City/State/Zip:	
Policy # or Self-ins. Lic. #	
Failure to secure coverage as required under Section 25A of MG fine up to \$1,500.00 and/or one-year imprisonment, as well as cively of up to \$250.00 a day against the violator. Be advised that a confine the DIA for insurance coverage verification.	vil penalties in the form of a STOP WORK ORDER and a fine by of this statement may be forwarded to the Office of
I do hereby certify, under the pains and penalties of perjury tha	t the information provided above is true and correct.
Signature:	Date:
Phone #:	
Official use only. Do not write in this area, to be completed	
City or Town:Po	ermit/License #
Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Town 6. Other	Clerk 4. Licensing Board 5. Selectmen's Office
Contact Person:	Phone #:

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. Also be sure to sign and date the affidavit. The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations

1 Congress Street, Suite 100 Boston, MA 02114-2017

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE Fax # 617-727-7749 www.mass.gov/dia